

# AMENDMENT

## Application for Registration of an Amendment to a Pension Plan

This form is intended for plan administrators or their authorized representatives. It will guide you in the procedure for applying for registration of amendments to your pension plan and help you make sure that you have provided all the documents and information required under the *Supplemental Pension Plans Act (Act or A)* and its regulations, that is, the *Regulation respecting supplemental pension plans (Regulation)* and the *Regulation respecting the exemption of certain categories of pension plans from the application of the Supplemental Pension Plans Act (Regulation respecting exempted plans)*.

A properly completed form can be processed more quickly by the Régie des rentes du Québec. Be sure to answer all the questions and provide all the required documents. You can use the checklist in section 8 to make sure your application is complete.

No amendment can become effective before the date on which it is registered with the Régie, other than the exceptions provided under section 19 of the *Act*. The registration must be made in accordance with the *Act* and its regulations.

In this form, plan administrator means:

- a pension committee; or
- an employer (for plans having at most 25 members and beneficiaries and that do not provide for a pension committee); or
- a person, body or group authorized by law to administer the plan.

An application for registration of an amendment to a pension plan must be filed by the plan administrator or its authorized representative within a reasonable amount of time. If the amendment concerns the addition of an employer to the plan, the application for registration must be filed with the Régie, at the latest, by the last day of the 12th month following the effective date of the amendment, unless the Régie grants an extension.

This form must be sent to: **Direction des régimes de retraite, Régie des rentes du Québec, Case postale 5200, Québec (Québec) G1K 7S9**. For additional information, contact an Information Officer at:

- Telephone: (418) 643-8282
- Fax: (418) 643-7421
- E-mail: [rcr@rrq.gouv.qc.ca](mailto:rcr@rrq.gouv.qc.ca)

# Information

## **Section 2    *Amendment***

Since some amendments require the authorization or approval of the Régie, it is important to clearly identify them in this section.

For amendments to the list of employers who are party to the plan when a new employer assumes the obligations that were incumbent on a former employer with respect to the pension plan, you must check “Substitution of an employer that is party to the plan (A22)”. If this is not the case, you must select one or more of the following: “Withdrawal of an employer (A198)”, “Participation of an employer” or “Change in employer’s name”.

For amendments to an employer’s name, we suggest that you enclose the certificate issued by the Québec Inspector General of Financial Institutions or any other document confirming the change.

If the amendment concerns the confirmation of the employer’s right to appropriate surplus assets to pay employer contributions, see section 6 of this information page. For an amendment concerning the withdrawal of an employer from a multi-employer plan, in accordance with Chapter XIII of the *Act*, see section 7 of this information page.

## **Section 3    *Written acknowledgment by the employers party to the plan***

Any employer who has obligations incumbent upon him under the amendment must acknowledge them in writing. However, for a multi-employer plan that is not considered to be one (according to the conditions set out in section 11 of the *Act*), **all** the employers must acknowledge the obligations resulting from the amendment. Even if the amendment changes the obligations of only one employer, all the employers are jointly responsible for the obligations incumbent on each of them individually.

The written acknowledgment of any employer affected must be enclosed with the application. However, section 24 of the *Act* provides certain exceptions. To be exempted, you must complete section 3.

## **Section 4    *Informing active and non-active members (A26)***

A plan administrator who intends to apply for the registration of an amendment must inform all active and non-active members. He can do so in accordance with the conditions described in section 26 of the *Act*, that is:

- by providing a written notice to each member,
- by having a notice published in a daily newspaper circulated in the area in which at least half the members reside,
- by posting the notice at the employer’s place of business (for the active members only).

The written notice must set out the object of the proposed amendment and the effective date. It must state that the text of the amendment can be examined at the office of the plan administrator or at the employer’s designated establishment, located no more than 150 km from the members’ place of work. If the employer does not have any establishment within that distance, the notice must indicate that the text can be obtained without charge upon written request.

Section 26 of the *Act* provides exceptions concerning the obligation to inform members. The exceptions are described in section 4 of the form. If an exception applies in your case, you must simply check the appropriate box.

## **Section 6    *Confirmation of employer’s right to appropriate surplus assets to pay employer contributions***

This section must be completed if the purpose of the amendment is to confirm the employer’s right to appropriate surplus assets to pay employer contributions (Chapter X.1 of the *Act*). This type of amendment requires a notice in conformity with section 146.6 of the *Act*. It must first be sent to the members and beneficiaries, to each accredited association (within the meaning of the *Labour Code*) and to the Régie des rentes du Québec, at least 60 days before the effective date of the amendment.

## **Section 7    *Withdrawal of an employer party to a multi-employer plan***

If the amendment concerns the withdrawal of an employer who is party to a multi-employer plan as described in Chapter XIII of the *Act*, the plan administrator must, in addition to the notice required under section 26 of the *Act*, provide a notice that includes the information provided for in section 200 of the *Act*. However, such notice is sent only to the members and beneficiaries **affected by** the withdrawal of the employer. The application for registration must also include the information provided for in section 201 of the *Act*. That information is listed in section 7 of the form.

**1. Plan name and number**

Name \_\_\_\_\_

Number \_\_\_\_\_ (number assigned by the Régie des rentes du Québec)

**2. Amendment**

Attach a copy of the amendment, certified by the plan administrator (original signature) or, if the plan is insured, a copy of the insurance contract, certified by the insurer.

**2.1 Origin of the amendment**

Is the amendment made necessary by an ancillary deed?  Yes  No

If yes, indicate the nature of the ancillary deed:  Collective agreement  
 Arbitration award  
 Order or decree

Attach a copy of the deed or the part of the deed that concerns the amendment. If it is a part of the deed, identify the deed from which the excerpt has been taken, the period during which the deed is in effect and include the page bearing the signatures.

\_\_\_\_\_

**2.2 Object of the amendment and effective date**

Does the application for registration contain an amendment that must be authorized or approved by the Régie?

Yes  No

**Amendments requiring the authorization or approval of the Régie:**

Effective date

year month day

- Reducing amendment (A20) |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|
- Conversion of the type of plan (A22) |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|
- Substitution of an employer that is party to the plan (A22) |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|
- Employer contribution has a non-uniform rate or proportion (A41) |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|
- Benefits or employer contributions vary according to number of years of employment or credited service (A57) |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|
- Actuarial assumptions determined by the plan (A61) |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|
- Pension supplement not included in the deferred pension (A68) |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|
- Plan fiscal year other than 12 months (A160) |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|
- Division of plan's assets and liabilities (A194, 195) |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|
- Merger of the assets and liabilities of 2 or more plans (A194, 196) |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|
- Withdrawal of an employer (A198)<sup>1</sup> |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|
- Other, please specify: \_\_\_\_\_ |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

<sup>1</sup> - Also complete section 7.

**Note: The plan administrator is responsible for obtaining any authorizations or approvals required by the Régie for any amendments indicated above. Without the required authorizations or approval, the amendment will be null and without effect.**

**2.2 (cont.)**

**Amendments that do not require the authorization or approval of the Régie**

Effective date

year month day

- Change in employer's name
- Change in plan name
- Participation of a new employer
- Membership requirements
- Contribution rate
- Pension formula for future service
- Pension formula for past service
- Normal retirement age
- Deferred pension
- Early pension
- Postponed pension
- Disability pension
- Death benefit
- Transfer rights
- General agreement for transfers
- Confirmation of employer's right to appropriate surplus assets to pay employer contributions (Chapter X.1 of the Act)<sup>2</sup>
- Plan administration
- Addition of a flexible component that is not subject to certain provisions of the Act<sup>3</sup>
- Connected pension plans (Division VIII of the Regulation respecting exempted plans)
- Other, please specify \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2 - Also complete section 6.

3 - Include payment of the required fees of 1 000 \$ and a copy of the agreement provided for under section 32 of the Regulation respecting exempted plans.

**3. Written acknowledgment by the employers party to the plan**

Attach the written acknowledgment of each of the employers party to the plan who have obligations with respect to the amendment.

It is not necessary to send the acknowledgments if the following certificate is completed.

I, \_\_\_\_\_, in my capacity as plan administrator or authorized representative, do hereby certify that:  
name, please print

- I obtained the written acknowledgment of all the employers concerned and can present them to the Régie upon request, or
- the amendment is required because of the application of a new statutory or regulatory provision that the employer must respect, or
- the amendment concerns the confirmation of the employer's right to appropriate surplus assets to pay employer contributions, as provided in Chapter X.1 of the Act, or
- the amendment concerns the withdrawal of an employer party to a multi-employer plan who has gone bankrupt or who has become insolvent, or
- the employers' obligations are not affected by the amendment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 4. Information about active members and non-active members (A26)

If a notice is required, please attach a copy.

### A) Notice not required for the following reasons

I, \_\_\_\_\_, in my capacity as plan administrator or authorized representative, certify that:  
name, please print

- the amendment concerns only the employer's right to appropriate surplus assets to pay employer contributions (Chapter X.1 of the *Act*). (Complete section 6.)
- the amendment is necessary because of an ancillary deed such as a collective agreement, arbitration award, order or decree. However, a written notice must be provided to active members who are not affected by the ancillary deed and non-active members of the plan. Please indicate below the situation that applies.
- All the active members are affected by the ancillary deed and the plan does not have any non-active members.
- The members not affected by this amendment have been notified. (Complete section B or C below, whichever applies.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

### B) Individual notice to members

- The plan administrator informed each active and non-active member of the object of the amendment through a written notice.

Does the amendment reduce the benefits of members or beneficiaries?  Yes  No

If yes, indicate the information that applies:

- the date the notice was sent
  - the effective date of the collective agreement, arbitration award, order or decree
- |  | year |  | month |  | day |  |
|--|------|--|-------|--|-----|--|
|  |      |  |       |  |     |  |
|  |      |  |       |  |     |  |

### C) Posting or publication of the notice

- The plan administrator informed the members by having a notice **published** in a daily newspaper circulated in the localities where at least half of the members reside, or
- The plan administrator informed the active members by **posting** a notice in the employer's place of business and sent a written notice to all the non-active members.

The following certificate is required before publishing or posting the notice. If not, a written notice must be sent to each member.

I, \_\_\_\_\_, in my capacity as plan administrator or authorized representative, do hereby certify that the proposed amendment:  
name, please print

- does not eliminate refunds or benefits, does not add new conditions that restrict eligibility or reduce the amount or value of the benefits of members and beneficiaries;
- is not related to the allocation of surplus assets or the appropriation of such surplus to pay contributions;
- is not related to the merger of the assets and liabilities of 2 or more plans;
- is not related to the division of the assets and liabilities of 2 or more plans.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are not sure about the effects of the amendment, please contact one of your consultants.

## 5. Funding (Schedule 0.0.1 of the Regulation)

The administrator of the plan affected by the application for registration, or the plan administrator's authorized representative, must:

- complete section A below, or
- have section B completed by an actuary who is a fellow of the Canadian Institute of Actuaries or who has a status considered to be equivalent by the Institute.

### Section A

I, \_\_\_\_\_, declare that I have read the enclosed application for registration and do hereby certify that to the best of my knowledge: (check 1 only.)

name, please print

- the enclosed actuarial valuation report on the plan takes into account the amendment(s) made to the plan.
- the amendment(s) made to the plan do not change the member or employer contributions or any other amounts that must be paid to the pension fund and do not change the benefits or refunds payable by the pension fund. (If you are not sure, consult an actuary.)
- the plan as amended is an uninsured plan in which the benefits of the members and beneficiaries at any given time result only from the amounts paid into their accounts.
- the plan as amended is an uninsured plan in which the benefits of the members and beneficiaries are made up of only the benefits and refunds insured at any given time by an insurer and the benefits result only from the amounts paid into their accounts.
- the amended plan is an insured plan and the insurer is responsible for all the fees and benefits following a termination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section B

I, \_\_\_\_\_, declare that I have read the application for registration and the amendment(s) in question and do hereby certify that: (check 1 only.)

Actuary, FCIA, please print

- the effect of the amendment(s) has already been determined in the report on the actuarial valuation of the plan dated \_\_\_\_\_.
- year month day
- the amendment(s) do not affect the employer contributions, the member contributions or, if applicable, the liabilities or assets of the plan as set out in the report dated \_\_\_\_\_ regarding the actuarial valuation of the plan conducted on \_\_\_\_\_.
- year month day

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 6. Confirmation of employer's right to appropriate surplus assets to pay employer contributions (Chapter X.1 of the Act)

This section applies only in the case of an amendment confirming the employer's right to appropriate surplus assets to pay employer contributions. Complete the following:

I, \_\_\_\_\_, in my capacity as plan administrator or authorized representative, do hereby certify that:

name, please print

- the notice required under section 146.6 of the *Act* was sent to the members and beneficiaries and to all accredited associations as referred to in section 146.5 of the *Act*, at least 60 days before the expected effective date of the amendment. A copy of the notice was provided to the Régie on \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day.
- I obtained all the consents required under section 146.5 of the *Act* and I can provide them to the Régie upon request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 7. Withdrawal of an employer party to a multi-employer plan (Chapter XIII of the Act)

This section applies only to amendments concerning the withdrawal of an employer party to a multi-employer plan.

You must provide with the application for registration a document containing the information required under section 201 of the *Act*, that is:

- the name of the employer in question and the effective date of the amendment;
- the names of the affected members and beneficiaries, indicating whether the member is an active member, a non-active member whose pension is being paid, a non-active member whose pension is not being paid or a beneficiary, at the effective date of the amendment;
- a copy of the notice containing the information provided for in section 200 of the *Act* and that was sent to each of the members and beneficiaries **affected** by the withdrawal (in addition to the notice required under section 26 of the *Act*).

The following certificate must also be signed, in accordance with section 201 of the *Act*.

I, \_\_\_\_\_, in my capacity as plan administrator or authorized representative, do hereby certify that I sent the notice provided for under section 200 of the *Act* to each member and beneficiary **affected** by the withdrawal.

name, please print

Signature \_\_\_\_\_ Date \_\_\_\_\_

**8. Attachments**

Check off the documents that are enclosed with this application.

- Certified true copy of the amendment (original signature of the plan administrator);
- Certified true copy of the insurance contract if the plan is insured (original signature of the insurer);
- Copy of the ancillary deed or section of the deed (collective agreement, arbitration award, order or decree);
- Copy of the notice that was posted, sent or provided to active and non-active members (A26);
- Copy of the notice concerning the withdrawal of an employer (A200);
- The written acknowledgment from any employer party to the plan upon whom obligations become incumbent as a result of the amendment;
- A report on the actuarial valuation of the plan as at the effective date of the amendment;
- The document containing the information listed in section 7 of this form that is required in the case of the withdrawal of an employer who is party to a multi-employer plan;
- If the amendment adds a flexible component, the required fees of 1 000 \$ and a copy of the undertaking provided for under section 32 of the Regulation respecting exempted plans.
- Other documents, please specify \_\_\_\_\_  
\_\_\_\_\_

**9. Certification by the signatory**

I, \_\_\_\_\_, do hereby certify that  
name, please print

- I am the person who administers the pension plan or I am authorized to do so; and
- the person who certified the copy of the amendment that accompanies this application to be a true copy was qualified to do so; and
- to the best of my knowledge, the information contained in the application is exact.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office address of the signatory \_\_\_\_\_  
no. street area code city province or territory country

Postal code [ ][ ][ ][ ][ ][ ][ ] Telephone [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]